



Certification of Postal Service Employment of Individuals with Severe Disabilities
(Please print or type)

Position Title _____

- City Carrier
 Data Conversion Operator
 Clerk
 Mail Handler
 Other (Specify) _____

Applicant

Name		Address (No., street, apt., city, state, and ZIP + 4)	
SSN	DOB		

To:

Postal Service Personnel Office Name	Address (No., street, apt., city, state, and ZIP + 4)
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From:

VA or Rehabilitation Office Name	Address (No., street, apt., city, state, and ZIP + 4)
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Counselor's Printed Name	Phone No. (Include area code)
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The above-named applicant for the cited position in _____
(city and state)
has a severe disability, _____. I have reviewed both the job requirements and the job
(code)
site and certify that the applicant:

- a. has the ability to perform the duties of the position;
- b. is qualified to do the work without hazard to self or others;
- c. is physically and socially competent to maintain him or herself in a work environment, either independently, or with the same level of assistance he or she uses during non-working hours;
- d. is unable to successfully compete in the Postal Service competitive process because of the nature or severity of the disability; and
- e. can reasonably be expected to meet or exceed the normal standards of job performance of the position within the 90-day probationary period.

Counselor's Signature	Date
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Disability Codes

Hearing Impairments	Speech Impairment
16 Total deafness with understandable speech 17 Total deafness with inability to speak clearly	13 Speech malfunction, hearing normal
Vision Impairments	Hearing Impairment
23 Cannot read ordinary size print — not correctable by glasses 25 Blind in both eyes	15 Hard of hearing
Missing Extremities	Vision Impairment
28 One arm 32 One leg 33 Both hands or arms 34 Both feet or legs 35 One hand or arm and one foot or leg 36 One hand or arm and both feet or legs 37 Both hands or arms and one foot or leg 38 Both hands or arms and both feet or legs	22 Can read ordinary size print with glasses but with loss of peripheral vision 24 Blind in one eye
Partial Paralysis	Missing Extremities
64 Both hands 65 Both legs (any part) 66 Both arms (any part) 67 One side of body (including one arm and one leg) 68 Three or more major parts of the body (arms and legs)	27 One hand 29 One foot
Complete Paralysis	Non-Paralytic Orthopedic Impairments
71 Both hands 72 One arm 73 Both arms 74 One leg 75 Both legs 76 Lower half of body 77 One side of body (including one arm and one leg) 78 Three or more major parts of body (arms and legs)	44 One or both hands 45 One or both feet 46 One or both arms 47 One or both legs 48 Hip or pelvis 49 Back 57 Any combination of two or more parts of the body
Other Impairments	Partial Paralysis
82 Convulsive disorders (e.g., epilepsy) 90 Mental retardation 91 Mental or emotional illness 92 Severe distortion of limbs and/or spine	61 One hand 62 One arm (any part) 63 One leg (any part)
Other Impairments	Complete Paralysis
	70 One hand
Other Impairments	Other Impairments
	80 Heart disease (with no restriction or limitation of activity) 81 Heart disease (with limitation of activity) 83 Blood disease 84 Diabetes 86 Pulmonary disorders 87 Kidney dysfunction 88 Cancer (history with complete recovery) 89 Cancer (undergoing surgical and/or medical treatment) 93 Disfigurement of face, hands, or feet 94 Learning disability